

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy
Statement On Reverse Side

to DAO 10/12/10

Page _____ of _____ Pages

CLAIMANT'S NAME Terry McGuire		SSN or EMPLOYEE NUMBER*		DEPARTMENT State Controller's Office	
POSITION Deputy Controller - Investments		CB/D No.		DIVISION or BUREAU Executive Office	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850		INDEX NUMBER	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY Sacramento		STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
6/23		San Francisco - Palo Alto r/t						PL		70.00	35.00		35.00	
7/19		San Francisco - San Rafael r/t						PL	6.00	42.00	21.00		27.00	
7/20		San Francisco - San Rafael r/t						PL	6.00	42.00	21.00		27.00	
7/21		San Francisco - San Rafael r/t						PL	6.00	42.00	21.00		27.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		18.00	196.00	98.00	0.00	116.00

CLAIM TOTAL	\$116.00
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
Attended Pacific Pension Institute and CalPERS offsite on behalf of Controller.			
		(13) PRIVATE VEHICLE LICENSE NUMBER	
		[REDACTED]	
		(14) MILEAGE RATE CLAIMED	
		0.500	
		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE	DATE	DATE	
[REDACTED]	10/12/10	10-19-10	
(17) SUPERVISOR'S AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	
[REDACTED]			